

Clinical Health Information Exchange Utah, 2008

A Progress Report

Submitted to

**The Utah Legislative Health and
Human Services Interim Committee**

Required by Utah Code Title 26 Chapter 1 Section 37
Duty to Establish Standards for the Electronic Exchange of
Clinical Health Information
Enacted April 2008

Submitted by

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With

Utah Health Information Network

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Utah Health Code §26-1-37 Duty to establish standards for the electronic exchange of clinical health information.

(5) The department shall report on the use of the standards for the electronic exchange of clinical health information to the legislative Health and Human Services Interim Committee no later than October 15, 2008 and no later than every October 15th thereafter. The report shall include publicly available information concerning the costs and savings for the department, third party payers, and health care providers associated with the standards for the electronic exchange of clinical health records.

I. INTRODUCTION

❑ State HIE Legislations in 2008

Our nation is at a crossroads in reforming healthcare systems. To ensure that health care reform leads to better health care, the Utah legislature passed two pieces of legislation to support the Health Information Exchange (HIE) to improve efficiency and quality of health care and reduce cost. House Bill 47 authorizes the Utah Department of Health to adopt standards for the secure exchange of electronic health information. House Bill 133, "Health System Reform," appropriated one-time funding to support the development of a statewide clinical health information exchange.

❑ Clinical Health Information Exchange (cHIE)

The goal of the Utah cHIE initiative is to create a secure electronic clinical health information exchange (cHIE) network whereby a Utah health care provider can, with patient permission, access basic medical information about their patients no matter where the patient receives their care in Utah. Health care providers are not required to participate but may choose the option to participate in the cHIE.

The cHIE will allow health care providers to have timely, secure and appropriate electronic access to accurate and essential patient information for the purposes of treatment, improving the quality of health care (through more informed decision making) and reducing the cost (through avoidance of unnecessary tests and treatments). The cHIE can also save money by improving the efficiency of managing health care services through a reduction in administrative paperwork and errors between providers and payers.

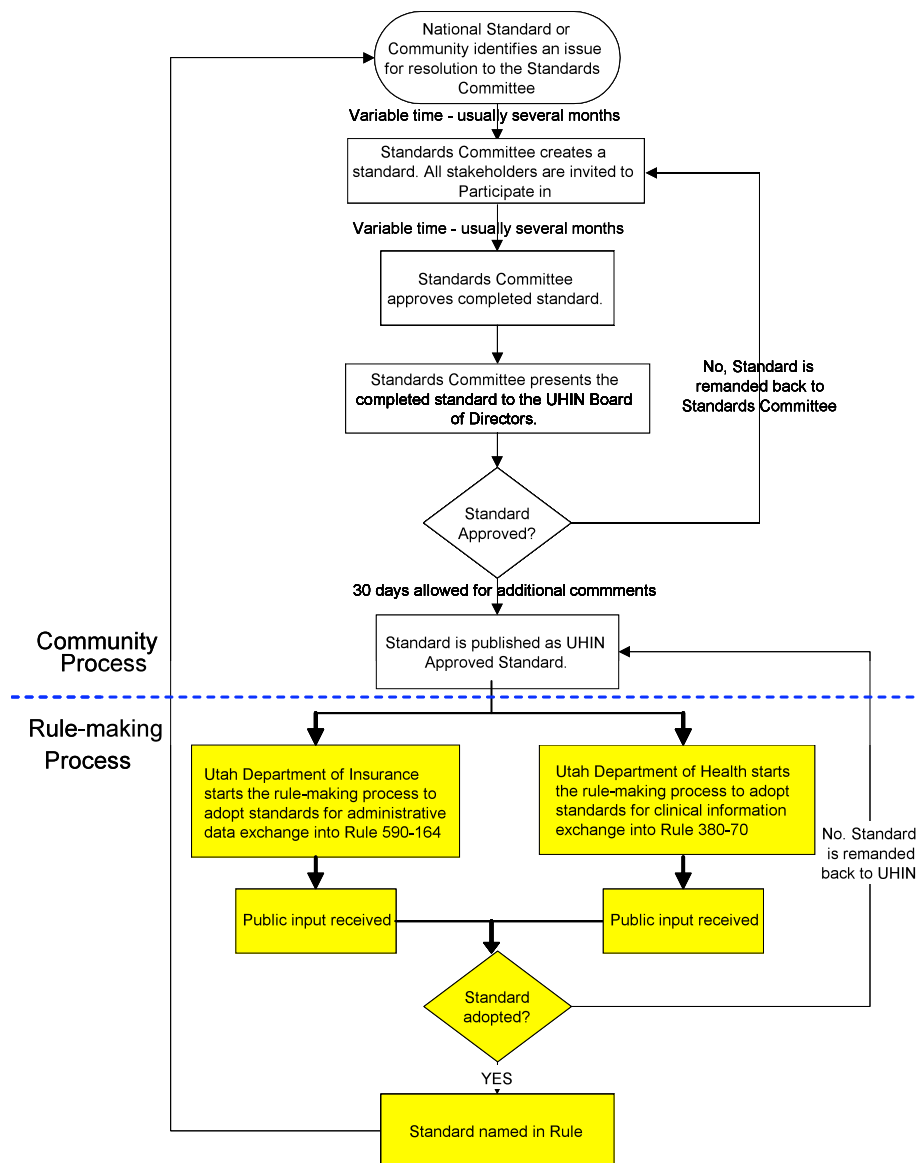
❑ Achievements From April to October 2008

- ❖ Utah Department of Health has been conducting the administrative rule-making process to adopt standards for Clinical Laboratory Results v2.0, which were submitted by the Utah Health Information Network (Uhin), a statewide community-based HIE organization.
- ❖ The Uhin cHIE Task Force has completed the development of the cHIE technical requirements and use cases, and selected Axolotl, Inc. as the newest strategic partner to implement the cHIE network in the state of Utah.
- ❖ The cHIE technical implementation began in October 2008.

II. ESTABLISH STANDARDS FOR CLINICAL INFORMATION EXCHANGE

❑ Consensus-based Standard Development

Utah has a long history of developing and using standards in electronic exchange of health care administrative data. As a standards development organization (SDO), Utah Health Information Network uses a consensus-building process to develop standards for information exchange. The following flow chart describes the process.



❑ The First Adopted Clinical Information Standards: Clinical Laboratory Results v2.0

The most important piece of the cHIE solution is the standards and specifications associated with the cHIE network. The standards and specifications will dictate how the cHIE will function.

Representatives from 19 organizations, including the major laboratory systems, major hospital systems and the state public health laboratory, participated in the UHIN Standards Committees and developed the Standards for Clinical Laboratory Results v2.0 over a period of three years. Implementation of this standard will enable laboratories to send electronic clinical laboratory results to clinicians through the cHIE solution.

Utah Department of Health is in the process of adopting this standard through the rule-making process. The new administrative rule R380-70 Standards for Electronic Exchange of Clinical Health Information has been published for public comment. Appendix A, B, and C provide detailed information on the administrative rule, the standards for Clinical Laboratory Results v2.0 and the standard submission letter.

❑ Clinical Information Standards Under Development

UHIN Standards Committee leads the standards development process. To date, the Utah healthcare community has asked the UHIN to work on the following clinical information exchange standards:

- Hospital Discharge Summary: Hospitals will be able to send an electronic patient discharge summary to a patient's physician in a timely and accurate manner.
- Chief Complaints: Hospitals will be able to report to the Department of Health the primary reasons why patients present themselves to Emergency Departments.
- e-Prescribing: This is a new requirement that the Medicare Program has mandated to physicians for the Part D (prescription) program for Medicare recipients.
- "History and Physical": Providers will be able to send electronic summaries of patient information ("History and Physical") to other care givers.
- Operative Reports: Surgeons and hospitals will be able to send electronic operative reports to a patient's primary physician in a timely and accurate manner. This report can also be sent to support medical claims if required by the insurance company for payment.

III. IMPLEMENT cHIE

❑ Community-based cHIE Task Force (2007-2008)

The Utah Health Information Network, Utah Medical Association, Utah Hospitals and Health Systems Association, *HealthInsight*, and Utah Department of Health jointly launched the statewide community-based clinical health information exchange (cHIE) initiative in the summer of 2007. Nearly 100 Utahns have participated in planning the Utah cHIE through five voluntary working committees (Physicians, Hospitals, Consumers, Payers, and Public health) and a Taskforce. Through a public Request for Proposal and thorough reviews, the UHIN has selected Axolotl, Inc. as the newest strategic partner to implement the cHIE solution in the state of Utah.

❑ Milestones of cHIE implementation in 2009

The cHIE technical implementation began in October 2008. The UHIN community has identified two types of users for the clinical information exchange, the Data Supplier and the Data User. The Data Suppliers will be entities that contribute clinical data to the cHIE, with patient permission. Data Users will be those entities that access the supplied data, with patient permission.

Within the first 12 months, UHIN plans to connect approximately 200 providers/practices for health information exchange; 180 Virtual Health Record (VHR) Clinical Viewers; 160 Users for the Clinical Interface Tool with capacity for e-prescribing; and five hospitals of different sizes and urban/rural locations.

❑ Develop a Sustainable Business Model

UHIN has committed to develop a sustainable business model for clinical information exchange. To initiate the process, UHIN is proposing to distribute the support for this system equally between the three stakeholder groups: payers, hospitals and clinicians. The cHIE is estimated to cost approximately \$3M annually to operate. Therefore each stakeholder group will determine a pricing mechanism that contributes that amount.

IV. Organizations Participating in the cHIE Development

AARP
Altius Health Plans
ARUP Laboratories ✱
Beaver Valley Hospital
Brigham Young University Health Center
Central Utah Clinic
Utah Community Health Centers
Deseret Mutual Benefits Administrators ✱
Educators Mutual
Educators Mutual Insurance Association ✱
Health Care Consumer Committee
HealthInsight
Iasis Healthcare ✱
Intermountain Healthcare ✱
LapCorp ✱
Mountainstar Hospitals ✱
Pathology Associates Medical Laboratories ✱
Practice Management Group ✱
Public Employee's Health Program ✱
Quest Diagnostics ✱
Regence Blue Cross Blue Shield of Utah ✱
SelectHealth ✱
State Farm Insurance ✱
Utah Department of Health ✱
Utah Hospital and Health Systems Association ✱
Utah Medical Association ✱
Utah Medical Group Management Association ✱
St. George Clinic
University of Utah Health Plans ✱
University of Utah Health Sciences Center ✱
Utah Insurance Department
Valley Mental Health ✱
VA Salt Lake Medical Center
Wasatch Pediatrics Clinics
Workers Compensation Fund of Utah

✱Members of the UHIN Standard Committees.

Legislative Report on Clinical Health Information Exchange in Utah, 2008

APPENDICES

Appendix A The Proposed Administrative Rule R380-70 Standards for Electronic Exchange of Clinical Health Information, at <http://health.utah.gov/phi/laws.html>

Appendix B Electronic Data Interchange Standards, Clinical Laboratory Results v2.0, at <http://health.utah.gov/phi/laws.html>

Appendix C Standards Submission Letter from Jan Root, Ph.D. Executive Director, Utah Health Information Network, at <http://health.utah.gov/phi/laws.html>

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This report is available online at:

<http://health.utah.gov/phi/publications/index.htm>